

DECLARATION AND POWER OF ATTORNEY

As below named Inventor, I/We hereby declare that:

My resident, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled STRIPPING TOOL FOR FIBER OPTIC CABLES, the specification of which

☒ is attached hereto.

☐ was filed on _____ as Application Serial No. _____ and was amended on _____.
(if applicable)

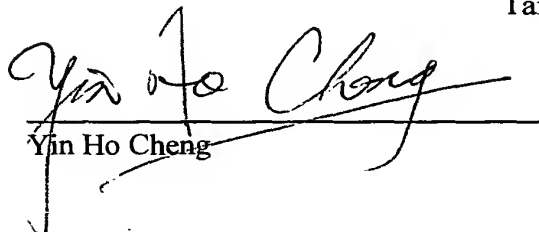
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I do not know and do not believe that the invention was ever known or used in the United States of America before my or our invention thereof; I do not know and do not believe that the invention was ever patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application; I do not know and do not believe that the invention was in public use or on sale in the United States of America more than one year prior to this application; I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

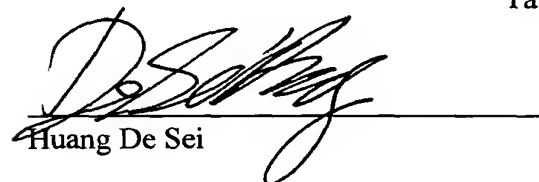
I hereby claim foreign benefits under Title 35, United States Code, §119 of any foreign applications(s) for patent or inventor's certificate listed below and have also identified below any foreign application on which priority is claimed:

<u>Prior Foreign Applications(s)</u>			<u>Priority Claimed</u>	
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Yin Ho Cheng
August 5 2003
Date

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Huang De Sei
Aug 05 - 2003
Date